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A CENTURY OF PROGRESS IN MEDICINE.

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THE question of real progress in medicine must be measured by results. It is not sufficient that modern science has detected many of the causes of disease, unless it has also added to its prevention and cure by neutralizing these causes, or at least bringing relief to the sufferings they produce. Of what use have been the delicate tests of the chemists, the careful researches and investigations into the hitherto unseen and unknown world which the microscope and the spectroscope open to us, the close and careful study of the dead and living organism, if no practical results are to follow, if human life has not thereby been prolonged, and human suffering relieved?

In looking as far back through the ages as historic record extends, we find how few diseases have become actually lost, and how few there are springing forth as absolutely new. From age to age, and from one civilization to another, they have retained their integrity of type so distinctly that the pictures given three centuries ago are reproduced now..

The black death is still seen in malignant typhus. The great plague of Athens, which almost decimated the city, was nothing more than what every physician in modern times has learned to dread, malignant scarlet fever. The discovery by Jenner of vaccination, early in this century, and its practical application throughout the civilized world, has done much to arrest the hitherto terrible scourge of small-pox, but the disease itself has shown no abatement of its fury when it has had the opportunity of being fully developed

from what was described in the sixth and ninth century, by Aaron and Rhazes. Carcinoma presents the same group of symptoms now as was portrayed by Hippocrates and Galen. Gout is similar now to what it was in the time of Alexander of Tralles. In the graphic description of phthisis pulmonalis which has come down to us from Cælius Aurelianus, we have a distinct picture of the disease as it exists among us at the present day. Modern writers have given us no better signs of inflammation than those left us by Celsus, "redness, swelling, heat and pain." Diphtheria, instead of being a modern disease, is described almost with photographic accuracy by Hippocrates. The great plague which visited Constantinople in 543, was described by Procopius so minutely that we recognize not only in the progress of the disease, but in its after effects, what is now known and dreaded as "cerebro-spinal meningitis." We might go on to a greater length, and show that in the list of diseases we have lost but few old ones, and but few new ones have been developed among us. It is true, they may appear with less frequency, but the causes which produce them are the same, the effects upon the human system, the same, and if they are only less fatal, less wide-spread in their destructive march, it is because modern science has taught us better how to prevent and control them.

The *Carlisle* and *English Tables*, prepared less than one hundred years ago, from careful mortality statistics, place the average duration of human life at about thirty-two years. And yet we know that life may extend on to eighty or ninety years, when its termination is brought about by the slow process of nature. Then death is divested equally of fear, sorrow and suffering. The cycle of life being completed, the living being sleeps into death. It is found now by life insurance companies whose premiums have been based

upon conclusions drawn from the *Carlisle* and *English Tables*, that present statistics show a much less mortality, and a corresponding greater average of life than when these tables were prepared. In other words, now at the close of the first century of the republic, we find the human race stronger, with more elasticity of mind and body, capable of more endurance, and yielding less frequently to disease, than at the commencement. Now that the first century of the republic is rounded into full completeness, we may be pardoned for looking back through the records of the past hundred years, to ascertain what effect American thought has had upon the general result.

Boerhave, one of the most accomplished and celebrated physicians of the eighteenth century, left at his death, as a rich legacy to posterity, an elegant volume, the title page of which declared that it contained all the Secrets of Medicine. On opening the book, every page but one, was found to be a blank, and on that was written, "Keep the head cool, the feet warm, and the bowels open." Much, it is true, had been accomplished in the various departments of anatomy, surgery, physiology, chemistry, but in therapeutics—the actual treatment of disease—empiricism, theory, and the authority of great names ruled the medical world. The profession bled and blistered, and dosed, by the book, as some illustrious master had directed, or treated disease according to any theory which superstition, or whim might suggest.

Cullen, perhaps the ablest of the so-called school of solidists, flourished about the middle of the eighteenth century, and for a long time his doctrines ruled the medical world. His pathology and nosology were founded upon pure theory, and he boldly stated that the "philosophical enquirer in medicine should control his observations by his theories, and not his theories by his observations." This was indeed putting the cart before the horse, and so far reversing the true order of scientific enquiry, that we can readily see why, for so long a time, but little real advancement was made in practical therapeutics.

Following Cullen, and for a time sharing—in some portion of the world—the popular enthusiasm, was Dr. Brown sometimes called the Paracelsus of Scotland. He based his system upon therapeutics, and while he ridiculed Cullen, his pathology was essentially that of the great master. More brilliant perhaps than Cullen, and

of a much more practical mind, his system, as a whole, was defective, because it rested upon assumption rather than well-trying facts. Still it had its influence upon the medical world. It found a devoted advocate in Dr. Rush, of Philadelphia. At the commencement of the century, medicine was an offshoot from Europe, so that the medical theories of Cullen and Brown were accepted here as medical law and gospel.

In the history of the world there seem to be periods of grand awakenings, when under the influence of master minds the scattered rays of light are gathered in one strong focus, crystalizing isolated facts into grand and comprehensive systems. The dawn of the American revolution, and the commencement of the first century of the republic, seemed to be such a period, when thought in almost every department of knowledge was quickened with new life and activity, mind was emancipated from its old thralldom, and systems in the various departments of science began to be based more upon facts, upon practical observations, than, as heretofore, upon assumptions based upon mere theories, the coinage of speculative minds. About this period appeared these master minds, Hahnemann, the two Hunters and Bichat, of France, who may rightly be called the founders of modern therapeutics, pathology and physiology. Following out the line of thought suggested by Hahnemann, the Hunters and Bichat, the practice of medicine has been completely revolutionized. The illogical and unscientific observations of the effects of drugs, the loose and irregular way of studying pathology and physiology, have given place to a more accurate and scientific line of investigation. Medicine, instead of being a system of empiricisms, rises to the dignity of one of the natural sciences, and like them, marks its progress only by a most rigid analysis and careful observation of facts.

We pass now from these somewhat necessary introductory remarks to answer the inquiry, what contributions have American thought and investigations made to medical science during the past century of the republic?

During the colonial period, and also during the first years of the republic, there were no medical colleges; medical students, except a favored few who were enabled to visit the schools in Europe, received their medical training in the

offices of practitioners of greater or less eminence. A few text-books carefully studied in the office, a skeleton, an herbarium, and a few chemical appliances, formed the tools with which the ground-work of their profession was obtained, while their clinical teaching was gained by talks with their preceptors as they rode with them from one case to the other, or compounded their medicines in the office. After a time those who proved the most popular teachers, who drew the largest number of students to their offices, associated themselves together for the purpose of teaching. Thus commenced the formation of medical schools, neither founded nor aided by the State, but purely a matter of private speculation.

The degree of Bachelor of Medicine, was first conferred in Philadelphia, in 1768, and that of Doctor of Medicine, in New York, in 1770. These are the small beginnings of the medical colleges which may now be found in almost every State in the Union. Instead of a single college in Philadelphia and New York, graduating each but a single student, we have now in the United States seventy-five medical schools, of which sixty-three are classed as *regular*, four as *eclectic*, and eight as *homœopathic*. In these schools are 938 instructors, of which 780 are connected with the so-called regular, 122 with the homœopathic, and 36 with the eclectic school. The "regular" schools have 6,888 pupils, the "eclectic" 303, and the "homœopathic" 565.

Notwithstanding the course of study is shorter in this country than in Europe, the teaching is more practical, and the clinical advantages quite equal. Certain specialties, however, are better taught there than here, because specialists devoting their lives to a single subject, with moderate wants, which are supplied by the State, can devote as much time as they chose to a careful and thorough investigation of their subject. A degree from some medical college, involving the expense of two or more courses of lectures, has been deemed almost essential to every practitioner who would stand well in his profession and before the community. Recently a movement has been inaugurated, which, if it becomes popular, will do much to do away with the dependence of the profession upon medical colleges, some of them exceedingly excellent, and doing their work thoroughly, but all of them more or less close corporations. The plan inaugurated with some prospect of success, provides for a board of ex-

aminers, appointed by the Regents of the State University. Each examiner furnishes to the regents a specified number of questions in his department, from which they select a sufficient number to thoroughly test the proficiency of the student. These questions the student, without access to books, is compelled to answer in writing, solely from his knowledge of the subject, as he has no previous information of the questions to be asked. The student may never have attended a single lecture, but if the questions are answered correctly, no matter where or how he has obtained his knowledge, he receives his degree from the State University. This plan throws medical instruction open to all who have the ability to teach, and insures a high degree of proficiency in those who receive the degree. Whether it ever will become popular, is a question for the future.

The introduction of Vaccination by Jenner near the close of the eighteenth century, was received with less opposition in this country than in England, where it was denounced not only by the profession, but by the pulpit. Only a very short time after its introduction in England, Prof. Benjamin Waterhouse, of Boston, having obtained the matter from Jenner, vaccinated four of his own children. In 1801, Dr. Valentine Scaman performed the first vaccination in New York, having obtained the virus from the arm of a patient vaccinated by Dr. Waterhouse. In 1802, the new discovery had so far taken hold of the public mind, that an institution was established in New York for the purpose of vaccinating the poor gratuitously, and keeping up a supply of the virus. In England, where it was first introduced, its progress was more slow, owing to the more general and bitter opposition.

Among the ablest men in the medical profession at the time of the establishment of the republic, was Dr. Benjamin Rush, of Philadelphia. A signer of the Declaration of Independence, he was no less eminent as a scholar and philosopher than as a physician. With his rare intellectual attainments, and his high social position, he contributed much to the dignity and strength of our profession. His work on Disease of the Mind, is still, after the lapse of a century, quoted approvingly by modern writers. His observations on yellow fever were extensive, and produced a marked impression on both sides of the Atlantic. They were important, not so much from treat-

ment which was of the crudest kind, of the Brown school, as for the valuable facts they contributed to medical literature, and the example they gave of pains-taking in the careful study of disease. When professor of the Institute and Practice of Medicine, he rejected that arbitrary division of Cullen, in which he designated about thirteen hundred and eighty-seven diseases, for each of which there was an appropriate treatment. He paid but little regard to the name of the disease, cleansed his materia medica from its old accumulation of filth, and prescribed only a few active remedies, whose powers had been carefully tested. This was a very important step towards clearing out the useless lumber and vile trash for which there seems to have been a mania among some members of our profession from the time of Hippocrates to the present.

Dr. Philip Syng Physick was one of the most brilliant of American surgeons. He was a pupil of John Hunter, and a warm friend and cotemporary of Dr. Rush. His researches into the character of yellow fever, which was then one of the greatest scourges of this country, and about which but little was known, were founded upon *post mortem* examinations, and careful observations at the sick bed, and were a most valuable contribution to medical literature. Cotemporary with Dr. Rush, and no less earnest laborers in the same field of observation, were Dr. John C. Warren, Dr. James Jackson, of Boston, and Dr. Nathan Smith, of New Haven. Dr. Warren's admirable paper on diseases of the heart brought prominently before the profession in this country a class of affections to which attention had been but little directed. To his foresight and scientific zeal we are indebted for the anatomical museum of the medical department of Harvard University, which was established by him, and under his care and that of his co-laborer, Dr. J. B. S. Jackson, has become the most important collection of anatomical preparations in the country, excepting the one in Washington, now under the care of Dr. Woodward. Dr. Nathan Smith was one of those clear, independent thinkers who cared but little for the authority of great names, and was accustomed to form his own conclusions from a careful study of disease at the sick bed, and a close observation of nature. In his essay on typhus fever, published in 1824, he did much by pointing out the self-limited nature of the disease, to check the fearful

destruction of human life, which was often the result more of the violent remedies of the physicians than of the disease itself. At the time Dr. Smith wrote, no clear distinction was made between typhus and typhoid fever, both being looked upon as different forms of the same disease. In the early history of the country, when the rich soil was being turned up, and the swamps and stagnant ponds were being drained, but little attention was given to those sanitary measures which now do so much to check and prevent disease. All through the country, typhus, typhoid, remittent and intermittent fever prevailed to a frightful extent, so that the physicians of that day had an ample opportunity of studying the various forms and phases of the different diseases. To Dr. Gerhard, of Philadelphia, belongs the credit of first pointing out with scientific accuracy the essential difference between typhus and typhoid fevers.

Previous to the investigations of Dr. Gerhard, hydrocephalus was looked upon by most physicians as an independent disease, arising from some cause they could not always fully determine. Dr. Gerhard pointed out with great clearness that what was called hydrocephalus was tuberculosis of the meninges of the brain, and that this malady in that position leads as surely to serous effusion, as tubercles in the lungs lead to purulent expectoration.

Within the past few years an instrument called Dieulafoy's aspirator has been quite extensively used for the purpose of drawing off fluids from the cavities of the body. The operation, however, was by no means new, for in 1849 Dr. Merrill Wymam, of Cambridge, tapped a patient by means of an exploring trocar and canula, with a suction pump attached, and the operation was repeated in 1850, by Dr. Bowditch, of Boston, assisted by Dr. Wymam, with equal success. Dr. Bowditch has operated with an instrument which was a slight modification of Dr. Wymam's, 325 times upon 204 persons. The principle of Dieulafoy's aspirator is precisely the same as the instrument of Dr. Bowditch. Dieulafoy has merely increased its sphere of action, applying it to every part of the body.

Thirty years ago Dr. John Ware published an important paper upon the character of croup. He condemned, in strong language, the custom, at that time so common, of heroic treatment, and insisted that the true treatment should be of a

soothing character, consisting of the inhalation of warm vapor, quiet and even temperature, and such remedies as would soothe rather than irritate the system. It is an interesting fact, that the careful studies of recent German investigators have confirmed Dr. Ware's earlier opinions regarding the nature of croup.

In 1831 Dr. Ware published a paper on *delirium tremens*, in which he gave conclusions, the result of careful observation in many cases, which differed materially from opinions then entertained. The disease he considered a self-limited one, and thought the patient in nearly every case had sufficient recuperative power to carry him through it in safety. He condemned the wholesale use of narcotics, so freely given in massive doses to produce sleep. Recent observations have confirmed, to a certain extent, Dr. Ware's views, expressed forty years ago, of the uselessness of powerful narcotics in the treatment of this malady. Dr. Talcott, the very excellent and intelligent medical superintendent of the homœopathic hospital on Ward's Island, says that, in the inebriate ward of that institution he obtains far better results by the properly indicated remedy, given in moderate doses, than by massive doses of hypnotics and narcotics. The records of this ward, under his direction, certainly compare favorably with any previous year of its history.

Some of the most important contributions to physiology have been made during the past century by American investigators. Foremost among them may be mentioned the experiments of Dr. William Beaumont, on a Canadian boatman, in 1822, in which were demonstrated the various stages of disease on, and the action of, the stomach at the time. The boatman was wounded in such a way as to produce a permanent fistula into the stomach. By this fistula Dr. Beaumont made an extended series of observations upon the digestibility of different articles of food. Drawing off a portion of the gastric juice from time to time, he carefully observed its action on different kinds of nutriment out of the body, ascertained the peculiar character of the digestive process in the stomach, the duration of time for each article of food, and the effects of external influences upon the process. Such an opportunity of investigating the process of digestion had never occurred before, and the results thus obtained have been copied into all subsequent textbooks on physiology.

The observations of Dr. Austin Flint, Jr., upon cholesterin, have thrown light upon an obscure function of the liver, and opened up to us a more correct diagnosis of certain hitherto obscure disturbances of the brain and the nervous system. Prof. John C. Dalton has contributed important facts in his efforts to explain the glycogenic functions of the liver, facts which simplify our study of diabetes, and materially aid us in the proper selection of the remedy.

In the department of neuro-physiology, Dr. S. Weir Mitchell, of Philadelphia, Dr. William A. Hammond, formerly Surgeon-General of the United States army, and Dr. Brown-Séquard, (who, on the father's side, was of American parentage), and many others have done splendid work for this department of science, and contributed much to the proper understanding of the nervous system and nervous diseases.

One of the greatest, if not the greatest, contribution to practical medicine the world has ever received, was made and carried into successful operation in this country during the last half century. The use of anesthetics in surgery and obstetrics has contributed more to the relief of suffering humanity, and opened the way for a more thorough and scientific investigation of the action of drugs in producing pathological changes than any other remedy found in the records of medicine. By its use operations which, on account of their tedious character, and the intense suffering produced, would have been impossible, have been performed with comparative ease and safety, and practical surgery has entered into a field of usefulness beyond all previous conception. By its use the action of drugs may be studied on the living organism, and the changes in the circulation and their peculiar effects on the tissues carefully noted. The benefit which this discovery has conferred upon mankind, and the impetus and aid it has given to certain departments of scientific investigation, have been beyond all conception.

In 1844, Horace Wells, a dentist of Hartford, inhaled nitrous oxide gas, and had a tooth extracted while under the influence of the anæsthetic. He afterwards used the same agent upon his patients in several instances with success. Shortly after this Dr. Morton, a dentist of Boston, and a former pupil of Wells, experimented upon himself and others, using sulphuric ether instead of nitrous oxide gas. He was guided in the

selection of this agent and the manner of using it, by C. T. Jackson, a prominent chemist of Boston. The first successful operation was performed under its influence in the Massachusetts General Hospital, by Dr. George Hayward, on a patient etherized by Dr. Morton. Thus it will be seen that each of the three men named above, all of whom have claimed to be the discoverers of anæsthetics, performed an important part in those first steps by means of which anæsthesia was made practical.

The introduction of the vapor of ether as an anæsthetic soon led to careful experiments with other agents in various parts of the world, to see if a similar effect could not be produced. In 1831 chloroform was discovered by Mr. Samuel Guthrie, of Sackett's Harbor, N. Y. At a later date it was made by Soubeiran, of France, and Liebig in Germany. It was looked upon, however, more as a chemical curiosity, until under the experiments of Sir James Y. Simpson, of Edinburgh, it was discovered to be an anæsthetic of great power. Its greater rapidity of action, and its freedom from unpleasant odor, rendered it at first more popular than ether. The greater danger, however, which has attended its use has, with many operators, turned the scale in favor of ether, which, if less prompt in action, has been found less liable to be attended by fatal results.

The peculiar quality of the American mind leads less to abstract theories than to practical results. This quality has been particularly noticed in the progress and triumphs of American surgery. In no country in the world have greater improvements been made, or has greater progress been seen in this department of the healing art, than in the United States. Conservative surgery has won here some of its noblest triumphs. It has not been content to follow the beaten track, but by original investigations and operations never known before, has opened new paths of the utmost value, in which it was comparatively easy to follow. Within the limits of a single article it would be impossible to do even scant justice to the various departments of our profession. The triumphs of American surgery have been so broad during this century of the republic, that only mention can be made of some few of the great minds who, by the originality of their operations, and the practical benefit they have conferred on the world, have left indellible "footprints in the sands of time."

Foremost among these names we recall at once those of Philip Syng Physick, John C. Warren, Valentine Mott, Benjamin W. Dudley and John M. Carnochan. Dr. Physick died in 1837, having rightly earned the title of Father of American surgery. It is reported, among other important operations he performed, was that of lithotomy on the venerable Chief Justice Marshall, from whose bladder he removed upwards of one thousand calculi. He left but few medical papers, but his reputation as a surgeon and teacher was world wide.

Dr. John C. Warren was for a long time surgeon of the Massachusetts General Hospital. He was a large contributor to the periodical press, author of a work on tumors, and throughout New England especially was widely known as a skillful operator and an able teacher. He was the first who ever administered ether as a preventative of pain in a surgical operation.

Valentine Mott for a long time held the rank of one of the first surgeons in the world. At the age of thirty-four he tied the innominate artery, a feat never accomplished before. In after life when detailing to his students in his peculiarly graphic way the steps of this brilliant and courageous operation, they almost held their breath as he pictured the slow drawing of the ligatures, the careful watch of the face and respiration, the pressing of his fingers upon the pulse, the cold perspiration standing upon his forehead as he felt scarcely a quiver of the artery beneath his finger, and then as he described how slowly the volume of the pulse increased beneath his finger, and there came upon him with each increased beat the consciousness of triumph, his form became erect, and the flashing eye told how he loved to fight his battles over again. He rightly said that, the next morning he waked to find himself famous. Other brilliant operations followed in rapid succession, and the name of no surgeon is to-day more venerated throughout the world than that of Valentine Mott. He died in 1865, at a ripe old age.

Dr. Dudley was for many years the leading surgeon in the West. Dr. McDowell, the pioneer in the operation of ovariectomy, performed also other important operations, but the palm of the great surgeon and surgical teacher of the West, for more than a quarter of a century, was, without doubt, with Dr. Dudley.

Dr. J. M. Carnochan, the only one of these

illustrious pioneers now living, was a pupil of Mott, upon whom, perhaps, more than any other, the mantle of the great surgeon has fallen. Possessing a peculiarly clear and reflective mind, his diagnosis is made with great care, and every step of the operation, however simple, carefully determined before he takes the knife. Some of his original operations have been of great importance. One of them was for arresting the growth in elephantiasis, by tying the main artery leading to it. In another instance—one of elephantiasis of the head, face and neck—Dr. Carnochan tied both the primitive carotid arteries. An exceedingly brilliant operation, in which he led the way, was that in which a portion of diseased nerve was excised with entire success in a long protracted case of neuralgia.

The large numbers of careful thinkers and brilliant operators now in the ranks of surgery, have elevated that department of our profession, as far as practical results and originality of conception, to a position at least equal to that of the older nations of Europe.

It is a fact, that no intelligent mind will for a moment deny, that during the first century of the republic, and especially its last half, the whole practice of medicine has been revolutionized. The discoveries in pathology, in physiology, in medical chemistry and physics have been utilized in the diagnosis of disease, and, united with a more careful study of the character and the application of drugs, have placed the medical profession of to-day far in advance of fifty years ago. One of the most important factors in this great change has been homœopathy. Introduced into Germany near the close of the last century, by Hahnemann, a man of high standing in the profession, and one of the most original scholars in Europe, it was not until 1826 that it took root upon our soil. In that year, Dr. Gram, educated in Copenhagen, and of Danish parentage on his father's side, commenced practice in New York. His first patient was the late Dr. Wilsis, at that time a prominent merchant, and his first convert in the ranks of the profession, Dr. John F. Gray. In a short time, Dr. A. Gerald Hull and Dr. A. Wilson, became converts to the new doctrine. From this nucleus homœopathy has spread from city to city, from state to state, until now, on the centennial of our republic, and the semi-centennial of the introduction of homœopathy, its physicians are numbered by thousands, and its

hospitals, colleges and dispensaries are firmly established, and doing good work in nearly all our large cities. It was fortunate for the new faith that its pioneers in the profession were men of such marked ability, and that the early converts to the faith were from the higher walks of life, men known in mercantile life, in literature, and the councils of the State, such as Seward, Marey and Bryant.

It has been the fate of nearly all great reforms to be received at first with coldness and distrust, which have, soon as the passions become involved, ripened into bitter opposition. One would have naturally supposed that homœopathy might have been an exception to this general rule. Originating, as it did, in the ranks of the profession, by one of its most illustrious members and original thinkers, who had already made his mark as an author, we should have thought it would have been received with respect, and investigated with fairness. Neither at that time, nor at any subsequent period, has homœopathy claimed to be a new and exclusive system of medicine. It has simply claimed as true, and as of general, but not exclusive application in diseases, the law of similars, "*Similia similibus curantur*," and the careful testing of drugs in the living organism, using the picture thus produced as a guide to the selection of the remedy. The remedy freed from all impurities, its living active principle only used, was found to be productive of much more positive results, whether given in accordance with this law or not, than the old, loose, empirical way of administering medicines. No one ever pretended, not even the most radical homœopath, that this law of similars constituted a system of medicine. It is simply claimed that it is a law, but by no means universal, and should be treated with the respect due to a great truth. Why then the bitter opposition, the unsparing ridicule and misrepresentations which have followed every step of its progress? The homœopaths claim they never wished to form a distinct sect, and that they are not now sectarian, but that they have been driven from the ranks of the dominant school, and that all fellowship has been denied them. Thus shut out from the social and scientific privileges, which had grown up with the centuries, they were compelled, in self-defence, to unite themselves together in distinct organizations, and have thereby grown into a great power, which is revolutionizing the therapeutics

of the world. They claim that the term homœopath is not of their seeking, but that it has been fastened upon them by their opponents, and that while it fairly represents the meaning of the law "*similia*," they much prefer the more general and the broader term of "*physician*."

If the above statement be correct, and the facts seem to admit of no doubt, this split in the ranks of the profession, and the bitterness which has grown out of it, are due solely and entirely to the allopaths. But for their bitterness and rancorous hate, homœopathy, as a school, would have no existence to-day. All they ask is to be judged from the stand-point of facts, and from that stand-point in hospitals and dispensaries, asylums and private practice, the great public is rapidly forming its own conclusions, as regards the sectarian character of allopath or homœopath. The public outside of the profession know but little, and care less, for *isms* and *pathies*. When they are sick, they want a *physician*, not a "*pathic*," not a man in a nut-shell, but one who does not hesitate to seize hold of and apply any truth wherever it may have been obtained. We find to-day in all schools a more rational and scientific practice growing out of a more careful study of the laws of nature. In therapeutics, the advances during the past half century have been greater than in any department of our profession. Much of this has been due, as is admitted by all, to the conservative influence of homœopathy. The crude drugs, and massive doses so much in vogue early in the century, have given place to remedies of a purer character, more delicately prepared, and given after a more careful study of their action upon the diseased tissues.

The flora of the United States during the past half century has contributed much to our store of useful remedies, and the more intimate knowledge we have gained of many of the old ones, has completely changed the manner of their administration. To this country is the profession principally indebted for such remedies as ergot, veratrum-viride, gelseminum, baptisia, prunus-virginianus, podophyllum, sanguinaria, lobelia, apocynum-cannebinum, spigelia, hamamelis, hydrastis, eupatorium, cimicifuga, and many other important drugs which have done much for enlightened therapeutics, and are now among the most active remedies used by all schools.

Bigotry and intolerance will, undoubtedly,

always exist in the medical profession; narrow-minded men will live in the future as in the past; differences of opinion will always be found in a profession so vast as that of medicine, but it requires no prophet's eye to see, that in the progress of events, the time is not far distant when the terms allopath, homœopath, eclectic, or any other name given to denote a distinct class in medicine, will all be merged in the broader and nobler title of physician.

As we look back over the first century of the republic, we find our country has furnished its full share of the progress so apparent in the healing art. Notwithstanding all that has been done, how much remains for future thought and investigation? How little we know of nature and her secrets, and how grand the results which may be accomplished in the future, if there enter into our work less of self, and a larger desire for the triumph of truth!

Clinic.

CASE I.—CYSTIC ADENOMA OF THE BREAST.

CASE II.—DERMOID CYST OF THE OVARY.

Remarks by WM. TOD HELMUTH, M.D., at the meeting of the Hom. Med. Society of the County of New York.

(Stenographically reported for the TIMES.)

BEFORE I proceed to the consideration of the subject which I intend to introduce to the attention of the Society this evening, I desire to exhibit a specimen of cystic adenoma of the left breast, which I removed yesterday at the Woman's Hospital, and which may be appropriately considered to-night in conjunction with the report of the Pathological Bureau, which is to form a portion of the regular order of business of the evening. The patient came to me from the interior of New York State; she was an unmarried woman, of about 45 years of age, and of spare habit of body. She has enjoyed a moderate degree of health, in fact never having been seriously ill. She is one of those spare specimens of humanity who can, and do, endure a great deal of wear and tear and never actually break down. The case had been diagnosed as cancer, and was brought to me for operation. Upon examination I found the left breast enormously enlarged, and its integument mottled and

purple, resembling somewhat that which is seen in encephaloid disease before the integument gives way. This appearance I concluded to be occasioned merely by over-distention. There were points of fluctuation distinctly marked over the surface. The breast also was very pendulous, the weight giving rise to great suffering. The patient did not present a cachectic appearance; there was no enlargement of the axillary glands, and at the upper and left-hand side of the tumor I could detect what I considered the remains of true glandular structure of the breast. Taking these points into careful consideration, I concluded to remove the entire breast, and both, on account of the large size of the tumor and the diseased condition of the integuments, to allow the wound to heal entirely by the granulating process. During the operation there was considerable hemorrhage, and the raw surface remaining after the excision was nearly a foot in diameter. The great pectoral muscle, both from pressure and traction was very much attenuated, but was healthy in appearance. There were thirteen ligatures applied, chiefly of Lister's carbolized cat-gut. I have not, as you see, opened any of these fluctuating points, because I desired the Society to see the character of the fluid contained in them. Taking the larger surface, I will introduce into it the point of a scalpel, and you observe a fluid, of molasses color and the consistence of syrup, flows out in quantities. In many instances this discharge is light and serous, in this, the dark color is probably occasioned by decomposed blood, from rupture of a small vessel. On the other side of the tumor are two other cysts of comparatively large size, which contain a fluid of similar character. Here you may observe a portion of glandular structure.

Let me say here, that in the removal of the smaller varieties of mammary cysts, it is not justifiable to take away the entire glandular structure; indeed, in many instances, by incising the capsule, the cyst may be enucleated; but when the integument is much diseased and the glandular structure much involved, the whole gland should be removed. Again, in the removal of small cysts, the knife sometimes enters the wall of the sac, and a tremendous gush of bloody fluid takes place, which for a moment might give the impression that a vascular tumor had been inadvertently cut into, or that a diseased or preternaturally enlarged vessel had been divi-

ded. Such an occurrence took place not very long since at the Hahnemann Hospital, when I was removing a smaller though similar tumor. The fluid in a thick stream spurted some feet into the room. The tumor removed yesterday weighed four pounds and three ounces.

The next case that I desire to present to the Society is, perhaps, one of the most interesting forms of ovarian disease that the surgeon or physician encounters, viz.: the dermoid cyst of the ovary. Before entering into the consideration of the pathology of the cyst, I think it will be proper, as well as interesting, to detail the previous history of the patient, as well as the difficulties of diagnosis which surround this variety of disease, and to show if possible, wherein certain points usually considered pathognomonic in one or other of the varieties of ovarian disease, may either be absent or co-exist. The patient, aged 27 years, was brought to my notice by Dr. Lozier. Her family physician was Dr. Hubbard of Bridgeport, Conn., a skillful and observant surgeon, who favored me with a report of the case while under his supervision. He states that the patient was delivered of a male child on August 4th, 1869, and that there was nothing unusual in the character of the labor, which was probably at its termination, aided by the application of forceps. She made a rapid and apparently complete recovery, and that he was not called again to treat her until eight months after delivery, when he was requested to see her on account of an enlargement of the abdomen, attended with menorrhagia and dysmenorrhœa at the menstrual epochs, which were abnormally prolonged. Examination discovered enlargement of the uterus, which was sensitive. The question then naturally arose, whether it was a case of subinvolution of the organ with congestive menorrhagia, or of fibroma. At the menstrual periods the pain was so severe that large doses of *opium* were required.

The patient was afterwards examined by an eminent professor of gynecology, who found the longitudinal diameter of the organ over five inches, and expressed the opinion that it was a case of subinvolution with congestive menorrhagia, and advised the administration of *ergot* and *belladonna*. This treatment was persevered in for a time, and finally discontinued. After this, her physician being abroad, other professional advice was sought, and he did not see her

again until August, 1871. Up to this date there was no decided indication of cystic development. Shortly after this, she rapidly increased in size; fluctuation was detected, and she came, through the influence of Dr. Lozier, into my hands. When I saw her she apparently enjoyed good health, was of a cheerful countenance, but was extremely large around the abdomen; there was an absence of that peculiar expression of face belonging to the true ovarian cyst; nor was she emaciated, although she stated that her strength had lately begun to fail. Upon placing her in a recumbent position there was a large round abdominal tumor, measuring about fifty-three inches in circumference; it was prominent, and inclined to be conical anteriorly. The surface was smooth, excepting at the left hypochondriac region, where there was a hard though movable enlargement. Upon percussing the tumor there was great dullness over the entire surface of the abdomen, and dullness also down on the flanks. Fluctuation was distinct over the whole anterior surface, but at some parts of the abdomen it was more easily detected than at others. An examination *per vaginam*, showed the uterus to be movable and apparently anterior to the swelling.

There was some fluctuation in the *Douglass cul de sac*, but it was not that distinct sensation that is felt in true ovarian cystoma. Then came the question of differentiation. Diagnosis is not so important in homœopathic as in allopathic medicine, but it is very essential in surgery, because you step from your diagnosis to your knife; if you are deceived in the former, the employment of the latter may lead to most disastrous results.

In medicine, however, I am disposed to agree with our worthy President, who has just spoken, that diagnosis may be a secondary consideration. In the old school, as he says, the physician prescribes for the diagnosis; in the new, for the symptoms of the patient. I thought at first, although there were conflicting symptoms and appearances, that this was a cyst of the broad ligament, the chief and great point against such a decision being the enormous size of the patient;—but the absence of emaciation, the age of the patient, the slowness of the growth, the distinct fluctuation, the good condition of the general health, the natural expression of countenance, the moderate fluctuation in the *cul de*

sac, and the absence of all varix, were certainly in favor of such a condition. The tumor had grown too slowly for a polycyst, or even for a monoeyst, and there was as before stated, absence of many of the symptoms pointing thereto. I thought the diagnosis rather obscure, and requested Dr. Paine and Dr. McDonald to see her with me. I had, up to this time, avoided tapping the tumor, because such operations, however simple, are often followed by fatal consequences. I show you here a specimen of a polycystic tumor, taken from a patient after death whom I tapped; after which she never rallied.

In this case, however, I considered the question of diagnosis might be settled by an analysis of the fluid, and therefore drew off, by aspiration, through the finest needle, about an ounce of the fluid, and sent it to Dr. McDonald for his examination. I will read you the result.

(I may say here that the examination of this fluid had to be made in a very hasty manner, as it was removed only the morning before the operation).

Dear Dr.—Specimen from tumor separated after standing 24 hours into two equal parts, upper remaining turbid; the lower, thick and opaque; the upper, containing large quantities of albumen, by heat *acetic acid*, *sp. grav.* 1018. Apparently this is not very reliable—probably much greater.

By microscope—Plates of cholesterine, fat granules, globules all sizes, inflammation corpuscles, ovarian corpuscles, plenty of both the last; a few pavement cells, and what seemed to be a few pus globules.

McDONALD.

Now, Dr. Peaslee remarks that dermoid cysts do not contain albumen. Here is one that was full of it; and here again the diagnosis was uncertain. I would say also with reference to the difficulties which surround the diagnosis of the dermoid cyst, (which, by the way, are rare; and I hope you will excuse me in occupying so much of your time, but these points are really very interesting), that in looking over Dr. Atlee's work, I find that he relates six cases of dermoid cysts. In the first, the diagnosis was: "unilocular ovarian dropsy." The second was also "ovarian dropsy." The third was diagnosed as some variety of ovarian cyst, but as tapping had been frequently resorted to, no operation was performed; the autopsy revealed the true nature of the disease. In the fourth the diagnosis was that of pedunculated fibroid, which opinion was afterward changed to that of dermoid cyst. The fifth case

was supposed to be "an indefinable tumor, somewhere in the abdominal cavity," and the sixth and last case, after careful examination, was described as "uterine fibroid tumors"—the one intra-mural, the other pedunculated. At all events, in the case before us it was necessary that something be done for the patient, and she urgently desired that an operation be performed for her relief. It is hardly necessary here to detail the various steps of the ovariectomy, but to say that I conducted it with the utmost care, and was assisted in the best possible manner by the gentlemen present on that occasion.

Dr. Hubbard took charge of the anæsthetic, and Dr. Burdick kept the abdominal walls close around the tumor, while Drs. Thompson, McDonald, Doughty, and others, lent me very valuable aid.

After cutting down to the tumor I introduced into it the ordinary ovariectomy trocar. At first the fluid, which was of a colloid and brownish substance, ran quite freely; soon, however, it became quite thick, looking like boiled starch, and after a certain number of pounds of this fluid had been carried off, the flow ceased. I was obliged to withdraw the canula and found a large bunch of twisted hairs, about three or four inches long, blocking the tube. Rather than make a larger opening in the cyst, I secured the first opening, and introduced into the cyst wall the largest needle of an aspirator. About five pounds more of this thick colloid substance were then withdrawn. I then lifted the sac outside the abdominal walls, and made an incision into it, and turned out a handful of lime and other substances. After these were removed, the adhesions separated, and the bleeding arrested by the application of carbolized animal ligatures, I introduced my hand into the abdominal cavity and withdrew the solid cyst. This was drawn up and a second cyst lifted from the cavity. The adhesions were then broken up and divided, partly with the scissors and partly with the fingers. The pedicle was tied with animal ligature, and divided with the *écraseur*, and allowed to drop back into the abdomen. The wound was brought together with deep sutures of wire through the muscular fibre and through the peritoneum. On the 19th, at 9 A.M., her temperature stood at 99½°, and her pulse was only 116. She suffered from great nausea. Prescribed *aconite* and *arnica*. At 2 P.M. her temperature was

101½°, and her pulse 144. Medicines were continued. She had taken some nourishment. She was hopeful, and talked quite freely. Her urine had to be drawn with a catheter.

My chief fear was from septicæmia, as I had handled the omentum considerably, though I had constantly used the *carbolic acid spray* during the separation of the adhesions. I therefore concluded to give her *carbolic acid* in small doses internally. On the 20th, at 8 A.M., the temperature was 100½°, and her pulse only 100. In the morning I received a good account of her from Dr. Barnett, who took great interest in the case. I forgot to say that I ordered *ignatia*, to be given for restlessness, and I had the *carbolic acid* made into a small pill, that she could the more readily swallow it. At half-past one P.M., moved her in bed, some exertion being required, and pulse then ran up to 158. At 5 P.M., her temperature was 101½°, pulse 148; she was very restless, and having passed such an uncomfortable afternoon, she received quarter of a grain of *morphia*. On the 21st, at 8 A.M., the temperature was down to 99½°, and pulse 120. She took beef tea according to directions at 10, 12 and 3 o'clock. At 2 P.M. of that day her temperature was 98°, and pulse 116. On the 22d I was obliged to visit Peekskill, and did not see her until 12.30 o'clock that night, when her pulse was 160, and the temperature 104½°; her extremities were cold, and she had excruciating pains in the right hypochondria, she was also suffering intense pain at the right side. After the abdominal wound had been closed, strips of adhesive plaster were placed around the abdomen, and a bandage applied. It was the presence of these straps on the tympanic walls, that caused the severity of the pain. Therefore I was obliged to remove all these straps, which gave great relief, but she gradually sank and died the next morning at half-past ten o'clock. I made a *post mortem* examination as soon as I could consistently, and found the abdominal wound had entirely healed. The uterus and the left ovary were perfectly healthy; the pedicle was already covered with fibrinous exudation; there was no sign of decay, even from its constriction, about the end of the pedicle. When we examine the pedicles of ovarian tumors they are frequently found covered with an exuded plasma, which prevents their decomposition. This is more particularly the case when the animal ligatures are employed.

The omentum however, which had been lying outside the cavity, and had been necessarily much handled, was dark, strangulated and unhealthy looking, as though mortification was about to set in.

I am now convinced, and would advise that after such a tumor has been removed and the omentum much handled, it would be preferable to cut away that portion of the peritoneum entirely. I believe that if I had followed this course in this case, the patient would be alive to-day. I propose now to call your attention to the contents of this cyst. Here are the cysts complete, which have been prepared by Dr. Everett, who has taken a great deal of pains and patience in their preparation, and will describe the result of her labors. I only will say that there were bones of different sizes and shapes, teeth and hair, and colloid, and calcareous matter in abundance.

But before Dr. Everett reads you her account of the specimen, I would like to say a word with reference to the formation of these cysts. How is it that bone, and hair, and teeth, and nails, and lime, and all these products enter into an ovarian cyst? That is the question. There have been half a dozen theories adduced to explain these wonderful formations, but they narrow themselves down to about three. The first dermoid cyst which was removed successfully was by Dr. McDonald, and if I am not mistaken, in four or five days the woman was up at the wash-tub. He tied the pedicle with a piece of whip-cord. Some of the physicians then and there expressed the opinion that this was an extra uterine foetation, the balance of the foetus having been absorbed while other products went on to more perfect development. If this be so how is it that we find dermoid cysts occurring before puberty, which is an authenticated fact? How indeed could an action go on so peculiar, that would absorb one part of the foetus and allow another to attain perfect development? The next theory advanced is that there is a *foetus in foetu*; for instance: in this woman's mother two ova were impregnated, one of which went on to completion, and the other was only imperfectly developed. Then the question arises how is it that we find these abnormal formations in the stomach, the tissues of the abdomen, the lungs, etc.; and again we find this enclosed foetus in both sexes.

The best solution of the question of any that I have read, is that one, which gives the origin of these dermoid formations to the invagination of

the blasto-dermic membrane of the embryo. It is the external layer of this membrane that produces the organs of animal life, the internal giving origin to the organs of vegetative life. If, therefore, by any circumstances, there should be an invagination of the external layer of this membrane into any other organ, then we might reasonably expect that the development therefrom would be those that are found in these dermoid cysts. I regret that I am unable to continue this subject further to-night; we have already passed considerably beyond our hour for closing, and as Dr. Everett now desires to explain the specimen, I will give place.

DESCRIPTION OF A DERMOID OVARIAN CYST.

The tumor when removed weighed 23 lbs., 20 lbs. of which were fluid, contained in a large fibrous sac. Opening into this by a natural aperture, one inch in diameter, is a small cyst, 12 inches in circumference, which was nearly filled with sebaceous and calcareous material mixed with hair. There seems to have been a tendency to the formation of cysts from this large one, as there is a still smaller and quite shallow one opening into it by an aperture $2\frac{1}{2}$ inches in diameter, also the appearance of a third commencing.

By the side of these is a solid multilocular cyst, composed of about 40 or 50 small cysts, the contents of which, severally, are colloid, sebaceous material, solid fat, bits of cartilage, long dark hair, bones and teeth. The bones are covered with periosteum. The teeth, with one exception, have crown and pulp only, without roots; the crowns covered with enamel. Loosely attached to the outer walls of this cyst is a lateral incisor, which is complete, the only one, with root, neck and crown.

In one sac was what appeared like an attempt at formation of superior maxilla, with a large, upper, middle incisor attached to the edge of one side, and on the opposite edge were crowded together in irregular order, a small lower incisor, two bicuspid and a molar. One small cyst had a single molar, one a bicuspid and a molar. There were nine teeth in all.

Embedded in the walls of this multilocular cyst were several pieces of flat bone, two resembling scapulae, one a nondescript, possibly a manubrium and first rib, or as some have suggested, a portion of occipital bone. Small bits of bone and of cartilage were scattered about irregularly. I observed that the hair and sebaceous material usually were together, also bones and colloid—that is, in the walls of cysts containing colloid bones were apt to be found.

There are also small colloid cysts and tufts of hair in the walls of large cysts.

The pedicle is four inches in breadth, and about one-eighth of an inch thick.

M. H. EVERETT, M.D.

New York, April 12, 1876.

The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

CASE REPORTING IN THE JOURNALS.

THERE can be no doubt that the dissemination of medical knowledge, especially of the practical kind, is much enhanced by the *accurate* records of medical and surgical cases in our journals. The method of such reports however, is often so faulty that, not only are ideas promulgated which are imperfect, but the readers are liable to be led astray by following a treatment in similar cases, which may result most disastrously to the patient. Many cases are reported with the idea of selfish aggrandizement. The authors endeavor to puff themselves, by the reports of their wonderful cures, and therefore, use their best endeavors to render such reports as remarkable as possible, that more reputation may accrue to the reporter. This is not the spirit which should actuate the conscientious physician; the cases reported are given for the good of the profession, and through such channels for the relief of suffering humanity.

The careful and experienced reader of our periodicals can generally separate the reliable from the unreliable cases, by his knowledge of the character of the person who writes. It is astonishing how well physicians grow to understand the general characteristics of each other. Men who stand the very highest in the estimation of the public, and who enjoy the largest and most

lucrative practices, are not, by any means, those who occupy elevated positions in the eyes of their peers. Setting aside the fact that, even a jealous rivalry may bias one or two physicians or surgeons in their opinion of their brethren, yet, by some invisible or mysterious power, the generality of medical men understand the level of the others in their sphere, and according as this position is high or low, will the articles from their pens be estimated. A good physician may be a poor composer, and a miserable doctor may have the powers of composition and invention to such a degree, that his articles in the journals may read as smoothly as the letters of Junius, and yet be cast aside with an expression of dissatisfaction. Again, there are others whose self-esteem is larger than either their learning or their experience, and who venture to condemn or to praise those who are their superiors in every particular. These men, loaded with the experience of one single case, would condemn the opinions of those who have seen a hundred of a similar kind. When such broad assertions are reared on such a slim and uncertain foundation, the articles which are produced are certainly not to be relied upon. The physician, for instance, who has seen one or two cases of diphtheritic sore throat, may proclaim *his* method of treatment for *diphtheria*; and absolutely deny the efficacy of a method which has been found most satisfactory by experienced physicians who have treated hundreds of cases of that malignant disease.

Again, it is bad to rush *immediately* into print with the records of a case which has apparently been cured. It is better to wait for a time and ascertain how permanent the cure may be. We all know how suddenly an old disorder may be reproduced, or how by metastasis, another affection may be roused into action. Speedily cured cases are by no means the most *permanent*, and it is the *cure* not the *temporary relief*, that we desire in the practice of our profession. The records that are of ser-

vice are those in which the case has been correctly diagnosed, and a regular record kept of the treatment. It will not do for the physician in the daily routine of practice, to rely upon his memory for his record. The case book must be daily in use, and the temperature, pulse, respiration and symptoms noted; as new manifestations are developed, they must be written out, and the medicine prescribed duly recorded. When such a case is read something is learned; the whole profession may be advantaged, and similar cases treated with satisfaction and success.

THE WORLD'S HOMŒOPATHIC CONVENTION.

THE American Institute of Homœopathy, the oldest national medical society in the United States, will meet in Philadelphia, on the 26th of June. The Institute for this session will be merged into the World's Homœopathic Convention, which will be organized the same day, in the same place, and will be under the direction of the officers of the Institute.

In addition to a very large attendance from this country, almost every civilized nation in the world will be represented, either by prominent physicians or by essays from their pens. On the 23d of June the Medical Society of the County of New York will entertain the delegates from abroad with a day's excursion up the East River, to inspect the Ward's Island Hospital, and then up the Hudson to Newburgh, and back to New York in the evening. With the sparkle of wit for which New York doctors are celebrated, music, dancing, an elegant collation, and the glorious scenery of the Hudson, we cannot imagine anything more enjoyable than this excursion, or better fitted to prepare the mind for the graver duties of the Convention. The papers at that Convention, and the discussions upon them will, without doubt, be worthy the cause and the occasion. Some of the ablest minds in the medical world will be there, minds accustomed to deal with great scientific questions in a practical way.

From what we have seen of the papers, the great questions brought forward will be discussed, not with the contracted gaze, and from the narrow limits of a sect, but from that broad, scientific stand-point from which the earnest, honest mind reaching out on every side into the limitless domains of nature, seeks to fathom its mysteries, and appropriate them to the use of man; not by grouping together facts to conform to a peculiar theory, but with a clear, unprejudiced vision, using them to form opinions and produce results.

It is because we believe the prevailing spirit in this Convention will be that of earnest, unprejudiced men seeking after truth, that we have such strong hopes of its influence on the medical world. If we are not mistaken, it will by the breadth and thoroughness of its investigations, help to crush out, or at least modify that narrow, sectarian spirit which would chain the car of medical progress to a single theory, and to one isolated law. The deliberations of this body, we think, will do much for the future of our profession, not only in this country but throughout the world.

HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.

THE report of Selden H. Talcott, M. D., chief of staff, as rendered to the Honorable Board of Public Charities and Correction, at the close of the year 1875, is before us, and contains many interesting facts in relation to the institutions committed to his care, to wit: The Homœopathic Hospital, the Inebriate Asylum, and the Soldiers' Retreat.

He says, in regard to the hospital: It was formally opened September 10th, 1875, and the first patient was admitted September 14th. Admitted during the remainder of the year, 370 males, 106 females; discharged recovered, 73; discharged improved, 65; discharged unimproved, 7; died, 18; remaining December 31st, 1875, 313. The "whole number treated" includes 127 insane patients, suffering mainly from chronic dementia.

At the opening of this hospital, frequent and unavoidable delays occurred, such as almost

always oppose the progress of a new enterprise. Still, an organization was soon effected, and the work of preparation for the reception of the sick was pushed with vigor. * * * * *

The duties of officers, physicians, attendants and nurses were defined. Rules and regulations were sparingly promulgated, it being considered the better plan to have a few laws, rigidly enforced, rather than a multitude of complicated and cumbersome regulations. A section is devoted to each of the following subjects: admission of patients, ventilation and diet. In regard to the latter, he says: the dietary table of the homœopathic hospital is modeled after that in use at the N. Y. City Asylum for the Insane. It is liberal in quantity, and affords an excellent variety; yet, by reference to our *per capita* expense table, it will be seen that the average daily cost of feeding each patient at this institution, is only about twelve cents.

Our limited space will not permit us to refer to the section devoted to "the Causation of Pauperism," "the Needs of the Institution," and the statements in regard to the department for the Insane, and the Inebriate Asylum. Dr. Talcott expresses his earnest thanks to the Honorable Board of Commissioners, for their ready compliance with every reasonable request made in the interests of this hospital, as far as limited appropriations would admit; to the Medical Board, one and all, for their cordial support and encouragement in the midst of varied, and at times trying duties, and to them also he is indebted for valuable suggestions and cheering words, which have greatly lightened his labors. The timely and highly appreciated assistance rendered by C. A. Bacon, M. D., of the medical board, in the organization of the hospital, is referred to in words of praise. An acknowledgment is expressed to Drs. Daniel H. Kitchen, chief of staff, Charity Hospital; A. E. Macdonald, medical superintendent, N. Y. City Asylum for the Insane, and W. L. Hardy, formerly resident physician at the Inebriate Asylum, for their willing courtesy in affording such information as aided materially in the performance of new and untried duties.

The young gentlemen comprising the house staff are spoken of as having been assiduous and untiring in the performance of their every duty, and for the energy, zeal and enthusiasm they have at all times manifested for their work, are deserv-

ing of the highest praise. The hospital is indebted to several benevolent persons in the city and elsewhere, for handsome contributions of books, papers, magazines, mottoes, etc., together with fruit and delicacies for patients most needing them.

The report closes with a forcible appeal to the wealthy and the charitable, directing their attention to the wants of our many noble eleemosynary institutions, and hoping that, ere long, an interest will prevail sufficient to establish the work of charity in New York on an equal footing with that of any other city in the world.

Medical Annotations.

SALICYLIC ACID IN RHEUMATISM.—The *Lancet* of April 8th publishes a report of the treatment, in St. Mary's Hospital, by Dr. Broadbent, of several well-marked cases of acute rheumatism with salicylic acid, after the manner recommended by Stricker. The result appears to have been eminently satisfactory, the temperature falling promptly, and the pain and other symptoms rapidly passing off. The remedy was generally given in doses of twenty grains every hour for several hours, until relief was obtained. It is certainly very desirable to have additional experience with the use of salicylic acid if it promises to limit the duration of acute rheumatism to two or three days.

THE TRANSPLANTATION AND IMPLANTATION OF HAIRS.—An interesting paper on this subject appears in the *Zeitschrift für Biologie*, (Band xl, Heft 3), from the pen of Dr. Ernst Scweninger, of Munich. He gives the following as the results of his numerous experiments: First, that hairs that have been recently extracted, and to the root of which cell-layers of the root-sheath still remain adherent, if brought into contact with freshly-granulating surface, are capable of contracting adhesions with this, and that from this point a process of skinning over may commence, as after cutaneous transplantation. He has further shown that such hair root-sheaths can attach themselves to the iris and continue to grow. The iris, therefore, constitutes an excellent place for conducting experimental researches of this nature.

DEATHS FROM SNAKE-BITE IN INDIA.—Dr. Richards, of the Indian Medical Department, has published an interesting report on snake poisoning. It appears that, during the year 1873-'74, the number of cases of snake-bite reported in the Lower Provinces and Assam was 4,202; of these, no fewer than 3,565 were fatal. Nearly one-half of the cases occurred during sleep. Natives of the lower classes generally sleep upon the ground, and snakes entering the houses often crawl over the sleeper. If he lie quiet, the snake will seldom bite; but, if, feeling something cold gliding over a limb, he move it

instinctively, the snake turns at once and bites. It is remarkable that the proportion of women bitten was greater than that of men. In Bengal proper, the majority of the deaths are credited to the cobra, while in Behar the krait seems to be most common and most fatal. The daboia, too, does much mischief.—*British Medical Journal*.

DEATH FROM SEPTIC INOCULATION.—The danger of inoculation with the products of gangrenous inflammation ought to be more generally known, and to ensure great caution. Members of our own profession are frequent sufferers from that source, sometimes by unavoidable accident, sometimes by carelessness. All who have to do with the dead are exposed to the same risk, although usually in slighter degree. A woman has just died in the Isle of Man from such inoculation. She was called to lay out the body of a person who had died of gangrenous erysipelas of the arm, the result of a cut. The woman, having pricked her finger with a thorn, hesitated, but ultimately undertook the duty. Subsequently she showed symptoms of blood-poisoning, which ended in her death. Those who have to attend such cases cannot be too careful to avoid exposing an unprotected abrasion to contact with the body.—*Lancet*, May, 1876.

A NEW MEDICINE.—At the last annual meeting of the Medical Society of the State of Virginia, Dr. W. F. Barr called the attention of the fellows of the Society to a new preparation of "Iron and alum," manufactured in Washington county, Virginia, from the waters of "seven mineral springs." It is made by evaporation, and the analyses of Professors J. W. Mallett, of the University of Virginia, and Antisell, of the Smithsonian Institute, D. C., find it to consist chiefly of iron, alumina, magnesia, glauber salts, and lime. This medicine had been prescribed by the physicians of the South-western section of the State, and found to be an excellent tonic and alterative. One advantage it has over the ordinary ferruginous preparations is, that it does not constipate the bowels; on the contrary, it acts as an aperient. It has been endorsed and recommended by the Abingdon Academy of Medicine "as a valuable contribution to materia medica."

TREATMENT OF LIPOMA.—Dr. Hasse, of Nordhausen injects these tumors with alcohol. A certain amount of the latter should be made to enter the fatty growth through several apertures, allowing some days to intervene between each injection. The tumor then softens and fluctuates; and the operator should at that period incise the growth and empty it, by means of gentle pressure, of the oily liquid which has been formed. Febrile reaction is generally very slight. It is hardly worth while in some fatty tumors to subject the patient to numerous punctures and injections, which may be more or less painful, and crown all by an incision and kneading of the tumor. In very large lipomatous growths, where enucleation leaves a deep cavity, which is sometimes a long time in healing, and where the incision must be large, and the tearing out requires a certain amount of force and manipulation. Dr. Hasse's

system may perhaps be applicable, especially with timid patients.

INJECTION OF AIR INTO THE BOWEL FOR THE RELIEF OF STRANGULATED HERNIA.—Dr. Moritz Egger reports the following case in the *Med.-Chir. Centralblatt*, No. 4, 1876: He was called last July to see a female, seventy-nine years old, who was found in bed, suffering from intense abdominal pain, and with knees drawn up. She stated that, up to the present illness, she had always enjoyed good health, but that three days before, while at work in the field, she suddenly experienced abdominal pain which gradually increased to such a degree at night that assistance had to be called. She had had no passage since the commencement of the attack. The patient presented all the symptoms of intestinal strangulation, with nausea, and the anxious expression of countenance, and on examination a tumor about the size of a hen's-egg was found at the site of the right inguinal canal. After giving morphine internally and making warm applications externally, and after an enema, taxis was repeatedly tried without success. The patient refusing an operation; taxis was again tried ineffectually on the following day, when the patient was almost collapsed, and stercoraceous vomiting had set in. The author then introduced a long elastic tube into the rectum as far as it would go, and began to inject air slowly. After a time, the intestinal coils could be seen through the very thin abdominal walls to become distended, and suddenly a peculiar rolling noise, as if the air had overcome an obstruction, was heard, after which the hernia was discovered to have disappeared. Air was then allowed to escape from the tube, and the latter was gradually removed. Half an hour later the patient had a large stool, and then slept; five days afterward she had entirely recovered.

CYST OF THE KIDNEY MISTAKEN FOR AN OVARIAN CYST; EXTIRPATION OF THE KIDNEY; RECOVERY.—The following case is recorded in the *Gaz. Méd.*, No. 6, 1876, from the *Giorn. Med. di Torino*, July, 1875: A widow, forty years old, entered the hospital November 15, 1873; she had had five children the last three years before, and two abortions, one after her second child, the other after the fourth. Eighteen months ago she first noticed a tumefaction in the left iliac fossa. This tumefaction continued to increase, especially during the two months previous to admission. The patient was very feeble; her temperature normal, respiration easy; no albumen in urine. The tumor, movable in all directions, occupied the left iliac region and a portion of the hypogastric and right iliac regions; there was fluctuation at three points on the anterior surface of the tumor, uterus very high. Ovariectomy was performed December 2d. The cyst having been evacuated by puncture, was found to be attached by its posterior surface. On examination of the abdominal cavity, the two ovaries were found to be normal and in their position, and the cyst to arise from the inferior extremity of the left kidney. It was decided to remove both the cyst and the kidney. The intestinal coils adhering to the posterior wall of the cyst were detached with the

fingers, the left ureter and the vessels were tied, and the kidney and cyst were extirpated entire. No hæmorrhage, properly speaking, but much oozing. Operation concluded as usual. The cyst was formed by the inferior quarter of the kidney, which was otherwise healthy. On April 7, 1874, the patient had recovered almost completely; urine was always secreted in abundance, and never contained albumen.

IMPERFORATE ANUS IN A CHILD THIRTY-THREE DAYS OLD; OPERATION; RECOVERY.—Under the care of Mr. Reginald Harrison.—On Tuesday, the 8th inst., at the Liverpool Royal Infirmary, Mr. Harrison operated on a child for imperforate anus under the following unusual circumstances:—The patient was a well-nourished female child, aged three days, and was born with an imperforate anus. For this, shortly after birth, a puncture had been made by the patient's medical attendant in the position of the anus, but without any effect. The child had been fed upon the breast, and, with the exception of vomiting occasionally, appeared to suffer no inconvenience. Within the last few days the vomiting had been incessant, and of a fecal character.

The child, when placed on the operating-table, presented a remarkable appearance, the abdomen being enormously distended, and covered with veins. In miniature, it represented the appearance of a woman suffering from a large ovarian tumor. The genital organs were naturally developed. There was a complete absence of anything like an anus; nor was there any indication to guide to the position of the bowel.

Mr. Harrison operated in the following manner:—An incision was made through the skin at a point corresponding to the anus, and the knife was cautiously pushed upwards in the direction of the rectum for an inch and a half. The incision was made free enough to admit the little finger, which was then introduced to the bottom of the wound, when the pressure of bowel was indistinctly felt. The largest trocar of the aspirator was then introduced, when a gush of fecal matter took place. Into the puncture made by the trocar an ordinary pair of dressing forceps was passed, by means of which the opening in the bowel was considerably enlarged. A large escape of feces now took place; no pressure was exercised on the abdomen, as it was thought better to let the distended intestines empty themselves gradually. A piece of oiled lint was introduced through the wound into the bowel. During the remainder of the day the child passed a quantity of fecal matter.

On the following day (Feb. 9th.) the child appeared in no way to suffer from the operation. It had slept and taken the breast naturally. There had been no vomiting. Several motions had been passed.

Feb. 10th.—The improvement continues. Bowels acting naturally.

11th.—There does not appear to be anything wrong with the child; motions are passed at short intervals, the abdomen is almost the natural size, and the child is thriving. The mother and child returned home.

In alluding to this case Mr. Harrison said that he

regarded it as one where the lower portion of the rectum was completely absent. By keeping the incision in the direction of the bowel he believed that he had effected an entrance into the intestinal canal at its lowest portion—viz., the upper part or the rectum. Considering the distended condition of the bowels, he did not think there would be any difficulty in maintaining the patency of the opening that had been made. That the child should have suffered so little inconvenience from this prolonged imperforation was a very remarkable feature in the case, and rendered, so far as he was aware, the case unique.

The child's condition on leaving the infirmary was such as to make the prognosis favorable.

NEW INSTRUMENTS—A NEW ETHER APPARATUS.

BY OSCAR H. ALLIE, M. D.

Surgeon Presbyterian Hospital, Philadelphia.

(*Medical Record*, May 8th, 1875.)

THE apparatus consists of a wire frame-work, sufficiently large to cover the lower part of the face. The wires are parallel, and about an eighth of an inch apart. Between the wires, from side to side, a strip of bandage two and one-half inches wide is passed. The instrument is only about four inches long and three inches at its greatest width, and yet it consumes more than three yards of bandage when passed between all the wires. By further reference to the figure it will be seen that each section of the bandage is separate from the adjoining one, thus permitting the air to pass freely to both sides of it. I usually supply the ether from a graduated bottle furnished with a dropper-cork, as by such a convenience I can add the ether as gradually or as rapidly as the case may demand.*



My mode of using it is as follows:—Placing it over the face, I sprinkle on a few drops of

* Such a cork can be had at any drug store, and will be found of great convenience.

ether—I mean literally but a few drops: and usually in from half a minute to a minute I find that I can drop it more constantly.

As soon as I notice the *deep inspirations*, I pour on a small stream, watching carefully lest I irritate the larynx, and as soon as I find the patient tolerant of its vapor, I add it in large quantities, and as rapidly as can be evaporated, and am usually gratified by seeing my patient pass *quietly* under its influence in from three to ten minutes. Now it may be asked, *what advantage* does this possess over the towel and sponge?

1. It possesses a much larger evaporating surface than either. The whole amount of bandage consumed is eleven feet and two inches, and the entire evaporating surface is over seven hundred square inches. No two of its folds touch, and hence the ether cannot remain in a fluid, but must rapidly assume the ethereal state. The instrument is just sufficient to cover nicely the nose and mouth; does not interfere with vision, and yet in so compact a form furnishes the vapor in a more concentrated form, for the amount of ether expended, than any instrument with which I am acquainted.

2. With so large an evaporating surface, there must be *rapid evaporation of ether, rapid anæsthetic effect, and economy of ether.* The amount of ether consumed is always in direct ratio with the time required to effect anæsthesia. When I use but *two ounces*, the patient is usually ready in six minutes.

3. The instrument is designed to cover accurately the nose and mouth, so that there is no escape of ether at the end applied to the face. In this it presents a marked contrast with the usual mode of administration. The tendency of the vapor of ether is to escape, not at the top of an instrument, but, owing to its great specific gravity, at its most dependent portion. This instrument is open at the top, first, because there is a minimum waste of ether by such an arrangement; secondly, because it permits the ether to be dropped on constantly and in small quantities; and thirdly, because such an arrangement permits the operator to impregnate the respired air to any desired degree through a *constant* supply.

4. There is no exclusion of air, and if properly used, there is not the slightest laryngeal irritation. To avoid this, one must bear in mind that a few drops at a time are all that are required for the

first one or two minutes, when *gradually* it can be increased to any desired degree. By this means we may avoid also the resistance that is often shown when ether is given rapidly at first. In my entire use with the instrument I have rarely required any assistance in governing the patient, and in a large percentage of cases they pass under its influence without a struggle. I have given it frequently for Dr. Washington L. Atlee during the past year, and in but a single case was there voluntary resistance or a perceptible stage of excitement.

5. The instrument is especially serviceable when a prolonged use of ether is required. A slight *dripping* will suffice to prolong the effect, and economy of ether though not a great desideratum, is still worthy of consideration.

FORCEPS FOR THE EXTRACTION OF ARROW-HEADS.

BY J. H. BILL, M. D.

Surgeon United States Army.

(Medical Record, May 8th, 1875.)



I HAVE devised the forceps represented in the wood-cut for the extraction of arrows, which have been made for me by Tiemann & Co. The cut describes itself sufficiently, but I will add that for arrows not lodged in bone they should be introduced closed, and used as a snare by which the iron or flint point of the arrow may be entangled. For an arrow lodged, they are to be introduced closed, carried down alongside the flat surface of the arrow head, opened, and then closed on the foreign body. In length they are nine inches. From the points to the joint—which must be very strong—is two and a-half inches. The handles are crossed and provided with

a ring large enough to admit three fingers. The points are one-half inch or a little less across.

Reports of Societies.

ANNUAL MEETING OF THE MICHIGAN HOMŒOPATHIC STATE SOCIETY.

THE seventh annual meeting of the Homœopathic Medical Society was held in Detroit, May, 1876.

The meeting was called to order by the president, Dr. A. I. Sawyer, of Monroe.

The opening prayer was followed with an address of welcome by Dr. Charles Hastings, of the Detroit Institute.

He alluded briefly to the progress of homœopathy since its introduction into the State thirty years ago, and deplored the bigoted and interested opposition which it had ever been called upon to meet. Reference was also made to the perfect harmony which had always characterized the meeting of the society, in contradistinction to the recent meeting of the State Medical Society at Ann Arbor.

Delegates from the Michigan Institute, Dr. W. M. Bailey, of Lansing, and C. J. Corey, of Grand Ledge, were present for the purpose of perfecting the proposed consolidation of the two societies.

The following committees were appointed by the president: Committee on Medical Bureaus, J. G. Gilchrist, B. B. House and E. L. Roberts; Auditing Committee, F. A. Rockwith, C. Hastings and W. D. Clark.

Dr. Gilchrist presented the following, which has been adopted by the Detroit Institute:

WHEREAS, The recent meeting in Ann Arbor of the Michigan State Medical Society was characterized by a spirit of intolerance, egotism and bigotry which is fast becoming a distinguishing feature of all allopathic representative bodies; and

WHEREAS, The homœopathic school of medicine honestly believe that the percentage of mortality and number of days sickness are smaller than under any other form of practice, and that the allopathic school as honestly believe this statement to be untrue and the whole theory of *similia* to be false; and

WHEREAS, The Board of Regents of the University, the Legislature, the press, and the public generally have uniformly discountenanced and condemned the unfair and hostile attitude which the members of the allopathic faculty have always assumed towards homœopathy; and

WHEREAS, The members of the homœopathic school of medicine fully realize that the individuals and corporate bodies referred to base their opposition to the

action of the various old-school societies upon a love of justice rather than a championship of homœopathy or any other particular medical doctrine.

Resolved, That this society return their sincere thanks to the Legislature, Board of Regents of the University, the press and all others who are arrayed against medical bigotry and assumption.

Resolved, That this society assure the Board of Regents that they have our hearty and united support in their efforts to maintain homœopathy in the University of Michigan.

Resolved, That we respectfully ask the Board of Regents to give the homœopathic fraternity facilities for comparing results in the treatment of the sick by the two schools of medicine by the establishment of a hospital dispensary, or public clinic both in medicine and surgery, believing that the honest men of both bodies desire such a comparison and conclusive test for the purpose of definitely settling the serious questions now in dispute.

The preamble and resolutions were unanimously adopted.

F. X. Spranger, Detroit, H. B. Drake, Detroit, A. R. Elblin, Detroit, E. C. Fuller, Pontiac, Harvey Gilbert, Bay City, C. C. Miller, Detroit, A. H. Thompson, Lapeer, B. S. Knapp, Shiawassee county, B. H. Lawson, Brighton, and J. W. Converse, Wayne, were elected members.

Dr. E. L. Roberts, of Marshall, offered a comparative statement of three years homœopathic and allopathic treatment at the Michigan State Prison, from which it was shown that the number of deaths, number of days labor lost and cost of hospital stores was nearly one half less under homœopathic treatment than under the old school practice. The paper closed with a resolution instructing the officers of the society to appeal to the authorities controlling the State Prison and request the re-appointment of Dr. Tuttle or some other efficient homœopathic physician. Adopted.

Drs. W. D. Calvert and W. H. Gibson, of Jackson, and L. W. Jones, of Brooklyn, of the Jackson County Homœopathic Society, were received as delegates.

The Committee on Consolidation with the Michigan Institute reported a plan for such consolidation by which the Michigan Institute was to surrender its charter and books to the State Society, which was to receive all the members of the Institute who shall pay the dues to the next semi-annual meeting of the State Society and sign the constitution.

Dr. Sawyer, the president, then delivered his

annual address. After alluding to the progress of homœopathy for the past five or six years, and the late disputes in the State Medical Society, the speaker alleged that the ranks of the allopathic profession were no longer a unit, and many of its members were embracing homœopathy. The contentions which have been going on for so long have at last been settled by the people taking the matter into their own hands and settling it to suit themselves. The doctor stated the absolute necessity for a larger appropriation from the State for the purpose of erecting another building at Ann Arbor, and the maintenance of a permanent hospital ward for the practice of homœopathy in connection with the University. He deplored the present low salaries allowed by the Regents to homœopathic professors, and expressed the hope that something might soon be done to increase them. Since the consolidation of the State Society and the Michigan Institute the president felt confident that the Michigan Society would soon be the strongest State organization in the country.

At the conclusion, a vote of thanks was given the president for his address.

A committee to report at the semi-annual meeting in May was appointed to receive the books and papers of the Michigan Institute, as follows: W. J. Calvert, of Jackson, Chas. Hastings, of Detroit, L. M. Jones, of Brooklyn.

On motion of Dr. F. Rockwith, the hospitality of the society was extended to the members of the Michigan Institute, and they were requested to participate in the meetings.

The society then proceeded to elect officers with the following result: President, A. J. Sawyer, of Monroe; First Vice-President, W. J. Calvert, of Jackson; Second Vice-President, Amos Walker, of Pontiac; Secretary and Treasurer, I. N. Eldridge, of Flint; Corresponding Secretary, J. G. Gilchrist, of Detroit.

The Committee on Bureaus reported the following for the ensuing year, together with the chairman for each bureau: *Materia Medica*, S. A. Jones, of Ann Arbor; *Theory and Practice*, J. C. Morgan, of Ann Arbor; *Surgery*, A. I. Sawyer, of Monroe; *Ophthalmology*, Harvey Gilbert, of Bay City; *Gynecology*, I. N. Eldridge, of Flint; *Obstetrics*, E. R. Ellis, of Detroit; *Pædology*, T. Woodruff, of Detroit; *Pathology*, J. G. Gilchrist, of Detroit; *Microscopy and Histology*, F. A. Rockwith, of Saginaw.

Dr. Z. W. Shepard, of Quincy, and Dr. O. G. Read, of Compton, were admitted as licentiates.

A resolution was offered by Dr. Charles Hastings, of Detroit, directing the secretary to advertise the Homœopathic College at Ann Arbor.

Dr. Ellis thought this would be a misappropriation of the funds of the institution.

The president stated that he had received a letter from President Angell, urging the advertising of the school, and that it should be begun at an early date.

The matter was finally referred to the secretary of the State University.

Dr. F. A. Rockwith, of East Saginaw, then read a paper, entitled "Commendary Annotation upon Plumbum."

Dr. J. G. Gilchrist followed with a paper by Dr. J. C. Morgan, on "Animal Parasites," in which several new experiments in the treatment of tape-worm were described.

Dr. Rockwith, under the head of Surgery, read a paper on Chronic Diseases of the Bladder.

SECOND DAY.—MORNING SESSION.

J. J. Whitfield, H. A. Whitfield, C. M. Prindle, F. N. Bingham, J. D. Craig, A. B. Botsford, C. S. Mosely were made members, and Prof. C. J. Hemple an honorary member.

Drs. Chas. Hastings, F. Woodruff and J. G. Gilchrist were appointed a committee to revise the constitution.

Dr. W. S. Calvert, of Jackson, then read his paper on "Pecuniary Compensation of Physicians," and presented a form of association among physicians for the collection of their fees, and the fee bill was referred to Drs. F. A. Rockwith, A. H. Thompson and C. C. Miller. A paper by Dr. G. H. Palmer, of St. Clair, on the same subject, was referred to the same committee.

A resolution passed by the Homœopathic Institute of Detroit, inviting the American Institute of Homœopathy to hold its next meeting in Detroit in 1877, was adopted.

A paper on the "Ophthalmoscope," by Dr. Harvey Gilbert, was referred, as was another on "Sanitary Science," from Dr. Chas. Hastings, of Detroit; and still another by Dr. Palmer upon the "Use of Forceps."

In the afternoon, Dr. DeForest Hunt, of Grand Rapids, read a paper on "Atropin in Cerebro-spinal Meningitis," which led to some discussion.

A resolution endorsing the Homœopathic

School at Ann Arbor, and recommending it to students, was adopted.

M. J. Spranger and W. M. Bailey were elected members of the society.

A resolution was offered by Dr. Charles Hastings, of Detroit, endorsing the Homœopathic School at Ann Arbor, and recommending it to students as an excellent place to study, which met with considerable objection by members of the defunct district homœopathic college, but after a debate of over an hour it was adopted.

Ann Arbor was decided upon as the place for holding the semi-annual meeting.

Dr. DeForest Hunt offered a resolution authorizing the holding of the next annual meeting at Grand Rapids. Adopted. Whereupon the president appointed the following Executive Committee: DeForest Hunt, A. B. Botsford, and J. D. Craig, all of Grand Rapids.

The following gentlemen were elected delegates to the World's Homœopathic Congress, which convenes in Philadelphia, June 26th, 1876: F. Woodruff, of Detroit; J. N. Eldridge, of Flint; A. I. Sawyer, of Monroe; W. J. Culvert, of Jackson, and J. G. Gilchrist, of Detroit. The delegation was instructed to urge the American Institute of Homœopathy to hold its next annual meeting in Detroit.

The president read a letter from Philadelphia, detailing a plan of proceedings for the World's Congress, and asking its approval by the society, and such approval was granted.

A resolution, deprecating personalities among members of the society, and indorsing Dr. Hale, of Chicago, offered by Dr. E. R. Ellis, was laid on the table, and the society adjourned.

P. S.—The turnout of members proved larger than at any previous meeting, a spirit of earnest intention prevailed throughout among its regular members, as evinced by the re-election of its old officers, and the united opposition against the persistent efforts to disturb the meeting and its objects by parties not even members, but to whom the floor was granted by mere silent consent and courtesy.

But for these, not a dissenting voice would have been raised against the University Hom. College at Ann Arbor. Threatening remarks were made by the same parties, both in and out of the convention, to "burst up the concern," unless they or their friends were not appointed to the prospective 3d and 4th professorships at

Ann Arbor. But I hear the sentinels sing out "All's well," as does also your

REPORTER FROM MICH.

HOM. MEDICAL SOCIETY OF THE CO. OF KINGS.

THE nineteenth annual meeting of the Homœopathic Medical Society of the County of Kings, was held May 9th inst. Officers for the ensuing year were elected, as follows: President, Dr. W. L. R. Perrine; Vice-President, Dr. George Nichols; Recording Secretary, Dr. Everett Hasbrouck; Corresponding Secretary, Dr. Wm. S. Searle; Treasurer, Dr. W. Irving Thayer. Censors: Drs. Harrison Willis, Edward J. Whitney, Chas. L. Bonnell, William S. Searle, Henry M. Lewis.

REPORTS OF HOSPITALS AND DISPENSARIES.

CENSUS REPORT OF HOMŒOPATHIC HOSPITAL, Ward's Island.—For month of April, 1876. Remaining March 31st, males, 334, females, 76; births, 1; admitted, 139 males, 62 females; discharged, 140 males, females, 47; died, males 12, females, 4; remaining in hospital, 322 males, 87 females; total, 409.

WESTERN HOMŒOPATHIC DISPENSARY, 403 W. 42d st., N. Y. city.—Report for April, 1876. Number of patients treated, 712; number of prescriptions made, 1,931.

N. Y. OPHTHALMIC HOSPITAL, corner 3d ave. and 23d st.—Alfred Wanstall, M.D., resident surgeon.—Report for month ending April 30th. Number of prescriptions, 2,818; number of new patients, 397; patients resident in the hospital, 34; average daily attendance, 113; largest daily attendance, 162.

Correspondence.

Editors Homœopathic Times.

GENTLEMEN:—In the April and May numbers of *The American Observer*, published in Detroit, I find a lengthy article on diphtheria, by Dr. J. W. Dowling, professor of theory and practice of medicine, and dean of the faculty in the New York Homœopathic Medical College. At the outset, the author disclaims all originality, and acknowledges his indebtedness principally to

the article of Oertel, as published in Ziemssen's *Cyclopedia*. He is moved to do missionary work in this instance, because diphtheria is raging as an epidemic in many of our large cities, and rapidly extending into the towns and villages of every portion of the country. He fears that the physicians throughout the country will fail to recognize this terrible scourge; or, if perchance they should recognize it, having no means of access to modern literature upon the subject, they will be baffled in their treatment from a total ignorance of the most modern and approved methods of cure. For this reason, and this alone, he, with great diffidence, steps into the missionary field to do missionary duty to the benighted physicians scattered throughout the country.

It is very kind in the worthy dean and learned professor, and we poor ignorant country doctors are correspondingly grateful. Occasionally, however, other medical journals than *The American Observer*, which the author says he selected "on account of its large circulation," as the medium of his most benevolent and kind work, find their way among us. Even the daily papers sometimes get into the country villages; and strange as it may seem, a copy of that very Ziemssen's *Cyclopedia* now lies open upon the table before me. The very first paragraph in Oertel's article I find to read as follows: "Diphtheria is one of the oldest epidemic diseases of the human race!" Certain it is, there is no disease more wide-spread, or which has called forth, during the past twenty-five years, more accurate descriptions, or have been more thoroughly discussed in medical and secular journals, than this same diphtheria. Even the substance of this very article of Oertel, which the learned professor so kindly condenses for the benefit of country physicians, has not only been published in almost every medical journal in the United States, but also in the leading daily, and many of the country papers. Is it not somewhat late in the day to publish, with a flourish of trumpets, as something new and conclusive, these theories of Oertel, that diphtheria is occasioned by *bacteria*, which have been refuted over and over again, not only by his own countryman, Virchow, who is certainly quite his equal in scientific investigation, but by numerous able investigators in various parts of the world. The treatment by means of which the professor has been so successful in controlling that fearful scourge, which has so often defied the best skill

of the ablest men in the profession, is that in common use in our school, and perhaps as good as any which has as yet been discovered. That there are cases, however, which so far mock the skill of the physician, that any treatment which has as yet been discovered is perfectly useless to stay their progress, every physician in large practice has only been too painfully conscious. Over and over again, where there has been no resort to those boxes and books in domestic use which the professor thinks "are such a curse to homœopathy," that he never recommends them where a good physician can be obtained, the physician when called promptly finds the patient already beyond his control, struck down with a poison whose subtle power has so far impaired the vital forces, that even before there was any apparent manifestation of the disease, the victim has been marked for death.

I should not have troubled you with this communication, had not some portion of the professor's article jarred somewhat painfully on my, perhaps, too sensitive nerves. The article itself would have excited no comment had the author, in writing for the profession, stepped from the lecture platform of the medical college, and not addressed the rank and file as a set of raw and green recruits, who had no idea of one of the most common diseases in our midst, until he had condensed that information for our use from modern writing.

Trusting that the learned professor may not regard his country brethren as entirely deficient in knowledge of ordinary practice, but with the best of feeling, I am, in behalf of a class,

Very truly,

A COUNTRY PRACTITIONER.

Albany, May 8, 1876.

LITTLE FALLS, May 22d, 1876.

Messrs. Editors *Homœopathic Times*.

I WISH to report through your columns a case which lately came under my care. The patient was suffering from facial neuralgia affecting the ophthalmic and superior maxillary branches of the fifth pair of nerves. The history is as follows:

Mrs. B., æt. 21 years, a brunette, of nervous temperament, has been subject to these attacks at longer or shorter intervals since having an attack of intermittent fever some five years ago, for which she was treated with large quantities of quinine; was called to see the case on the

third day of the last attack, and found the patient lying in a darkened room, suffering from intense sharp shooting pains in the left eye, running up on the forehead in the line of the division of the frontal nerve, also extending through the branches of the superior maxillary. The pains were so intense as to cause nausea, and were aggravated by light, noise and motion; pulse, 64; temperature, 100° Fah.; skin moist, no thirst, and pains not relieved by warmth. But the peculiarity of the case was the periodicity of the attacks, always commencing with a chill precisely at nine o'clock, A. M., and relieved about five P. M., and by evening entirely free from pain. She had always been treated allopathically, and the pains were only palliated by the use of morphia. The attacks would continue from one to two weeks, and then gradually intermit for every other day until they disappeared. I prescribed *spigelia* 3d, grain every half hour, during the paroxysm; the pains continued that day until the usual hour; second day appeared as usual, but not as severe, and *spigelia* was continued. The pains disappeared at two o'clock, P. M., and she has not had the slightest return since, much to her comfort and my great satisfaction.

Hoping this will meet with your acceptance,
I remain, most truly yours,

L. L. BRAINARD, M. D.

ARSENICUM AND ALLIUM CEPA IN THE TREATMENT OF HAY FEVER.

IN a case of this exceedingly troublesome malady which I treated during the last summer, (1875,) *arsen.* 30th, taken every hour or half hour, according to the severity of the symptoms, gave complete and speedy relief, after the failure of a great many other remedies, and even when arsenicum had failed, given no higher than the 3d. The patient, a gentleman about fifty years of age, said he had always experienced more benefit from arsenicum than from any other remedy, but not until it was given in the 30th dilution, (he at the time being unaware of what medicine he was taking,) did he feel that anything had really covered his case.

In another, where the irritation of the nasal and conjunctival mucous membrane was intense, at times nearly unfitting the patient for the performance of his duties, which required much writing, *allium cepa*, in the 3d dilution, (after a fruitless trial of *arsenicum*, *kali bichrom.*, *kali*

hy'd., *euphrasia*, and some other remedies,) did effective service, relieving all the symptoms in a most positive manner. In this case there was a troublesome cough, but that which occasioned the greatest suffering was the irritation affecting the eyes. The cough yielded to *hepar sulph.* 3d.

GEORGE B. DURRIE, M. D.

Bibliographical.

URONOMOLOGY AND ITS PRACTICAL APPLICATIONS.

A guide to the examination of urine and its diagnostic value. By George M. Kober, M. D., member of the Clinico-Pathological Society, and the Medical Society of the District of Columbia. 107 pp., 8vo. Richmond and Louisville Med. Jour. Print., Louisville, Ky., 1875.

The above is the title of a convenient-sized hand-book, written by one who thoroughly knows and loves his profession, and who at present occupies an honorable position in the medical staff of the army. The object of the pamphlet is to furnish a condensed guide for the practitioner and student, in estimating the character of diseased states, as shown in and by the urine. It aims to be thorough and precise, dealing only with facts, neglecting theoretical disquisitions.

The plan of the work embraces the following subjects: normal urine, fully considered; and abnormal urine, considered as to its physical, chemical and pathological varieties, with full formulæ for analyses, chemical and microscopical, including many valuable plates of the latter. The most valuable part of the work is in the practical diagnostic hints, from which the whole condition of the patient may be known, and which serve as guides to the study of more extensive works on pathology. The author has collected the very best information possible, in a pleasant and original style, giving credit wherever it is due, to those authors whose works he has used. The book is well worthy a place on the study-table of every physician, where it will meet the demand that has lately sprung up for hand-books of its kind.

THERAPEUTICS OF TUBERCULOSIS. By Wm. H. Burt, M. D. Boericke and Taffel, New York and Philadelphia.

The author, in his preface, claims that he has

put nothing in his work but actual practical *clinical* experience; something to which the student can turn with confidence, that it has been thoroughly tested and found reliable. The pathology of disease has been entirely omitted. The appropriate remedies for the various phases of tuberculosis have been arranged with much care, and the leading indications for the separate drugs stated with great clearness.

The work, while it lays no claim to originality, is one such as only an experienced physician of ripe judgment could produce. An immense amount of information has been carefully condensed and so admirably arranged, that the careful student will find the work for daily reference a great saving of time.

Medical Items and News.

HOMŒOPATHIC MED. SOCIETY OF THE CO. OF NEW YORK.—A grand centennial reception and excursion will be tendered to the foreign guests, delegates and others to the "World's Convention of Homœopathists," on Friday, June 23d, 1876. The steamer Wm. Cook will leave foot of 26th street, E. R., at 9 A. M., for the Homœopathic Hospital, Ward's Island, and after inspection of the institution, will call at pier near Fulton Ferry, Brooklyn, at 11 A. M., and at 24th street, N. R., at 12 M., (for the accommodation of those who cannot leave at an earlier hour), and thence she will proceed to Newburgh, on the Hudson, and return. A collation will be served on board, and good music provided. Tickets, (including collation,) \$2.50 each, may be obtained of any member of the committee, and of Dr. Everett Hasbrouck, Brooklyn, and will be sent by mail, if so desired. Committee of Arrangements: Alfred K. Hills, M.D., Chairman, 33 W. 23d street, Chas. A. Bacon, M.D., 86 E. 31st street, Samuel Swan, M.D., 13 W. 38th street.

CORRECTION.—In the "Sale of Office Outfit and Practice," advertised on last page of reading matter, May issue of TIMES, the type says 1,400 as the population of town. It should read 14,000. The address is as follows: Box 975, Hannibal, Mo.

SPECIAL NOTICE.—Our friends will please pay no money to any one professing to represent the TIMES, unless the person can show an

authority in writing from the publishers to receive the same.

HOSPITAL DIRECTORY.

HAHNEMANN HOSPITAL, G. M. Dillow, M.D., resident physician, 213 West Fifty-fourth street. Patients received at all hours.

N. Y. OPHTHALMIC HOSPITAL, 23d street and Third avenue, Alfred Wanstall, M. D., resident surgeon.—Open daily for the reception of patients. Out patients received at 2 P.M.

BROOKLYN MATERNITY, 46 and 48 Concord street, Brooklyn, comprises Lying-in Asylum, Nursery, Hospital, and N. Y. Training School for Nurses.—Mrs. R. C. Moffat, first directress, John Nottingham, M. D., resident physician. Patients received at any time.

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